STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K094	A. BUILDING _____ B. WING _____	R 05/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTT'S HOME HEALTHCARE LLC	1817 DOGWOOD CT KOKOMO, IN 46902

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{G 000}	INITIAL COMMENTS This revisit was for an extended Federal Home Health recertification survey that was conducted February 18, 19, 20, and 23, 2015. Survey Date: May 20, 2015 Facility #: 12928 Medicaid #: 201091400 Scott's Home Healthcare LLC is in compliance with the Condition of Participation 42 CFR Part 484 for Home Health Agencies. Two (2) conditions and 11 standard level deficiencies were found to be in compliance during this survey. Scott's Home Healthcare LLC is precluded from providing its own training and competency evaluation program for a period of 2 years beginning February 23, 2015, to February 23, 2017, for being out of compliance with the Conditions of Participation 484.18: Acceptance of Patients, Plan of Care, Medical Supervision and 484.48: Clinical Records. QR: JE 5/21/15	{G 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.